

## PROGRESS SHEET

|  | SURFA           | CE W   | ATER                        |        | ⊠ GR                                      | OUND                                      | WATE                           | R                    |          |              |  |
|--|-----------------|--------|-----------------------------|--------|---|---|--------------------------------|----------------------|----------|--------------|--|
| Richard R. Garver                                |                 |        |                             |        |   | TELEPHONE NO. 509-525-1769 cell: 520-9603 |                                |                      |          |              |  |
| ADDRESS  |                 |        |                             |        |   | STATE                                     | TATE ZIP CODE Vashington 99362 |                      |          |              |  |
| P.O. Box 1002 (RT 5, Box 346) ASSIGNED TO        |                 | TELE   | TELEPHONE NO.               |        |   |   | ATE ASSIC                      |                      | 32       |              |  |
| ASSIGNED TO                                      |                 | TEEL   |                             |        |   | DATE ASSIGNED                             |                                |                      |          | -            |  |
| ADDRESS  |                 |        | CITY                        |        |   | STATE                                     |                                | ZIP C                | ODE      |              |  |
| APPLICATION NO.  G3-30396  DATE AMENDED  4161999 |                 | PERM   | ИIT NO.                     |        | CERTIFICATE NO.                           |   |                                |                      |          |              |  |
|  |                 | DATI   | E CANCELLED                 | *      | W.R.I.A.  Walla Walla County              |   |                                |                      |          |              |  |
|  |                 |        | APPLICA                     |        |   |   |                                | 1.0                  |          |              |  |
| DATE APPLICATION RECEIVED  August 5, 2002        |                 | INITI  | AL \$10.00 FEE RECEIV       |        | DATE FEE RECEIVED<br>8-5-2002 CK No. 2577 |   |                                |                      |          |              |  |
| STATEMENT OF ADDITIONAL                          |                 | 1 4    | YES N                       | 10     | DATE RECEIVED                             |   |                                |                      |          |              |  |
| EXAMINATION FEE \$ DATE RETURNED FOR COMPLI      | ETION OR CORREC | TION   |                             |        | DATE RECE                                 | EIVED                                     |                                |                      |          |              |  |
| 8-29-2003  |                 |        | 9-3-2                       |        |   | 03 (WWFO)                                 |                                |                      |          |              |  |
| APPROVED BY                                      |                 |        | TEMPORARY PERMIT DATE       |        |   | UED                                       |                                |                      |          |              |  |
| Union-Bulletin or The                            | Waitsburg Ti    | mes    | PUBLI                       | CATIO  | )N  |   | V                              |                      |          |              |  |
| APPROVED BY                                      |                 |        | E APPROVED                  |        | DATE NOTICE SENT                          |   |                                |                      |          |              |  |
| PROTESTED BY & DATE                              |                 |        |                             |        |   |   |                                |                      |          |              |  |
| DATE AFFIDAVIT RECEIVED                          | CHECKED BY      | TIMI   | E EXPIRED DATE A            | MEND   | ED NOTICE S                               | SENT                                      | DATE AFFI                      | DAVIT                | RECEIVED | TIME EXPIRED |  |
|  |                 | DI     | EPARTMENT OF FISH           | I & GA | ME REPORT                                 | T   |                                |                      |          |              |  |
| APPROVED   | -               | PRO    | VISO                        |        |   |   | PROTEST                        |                      |          |              |  |
|  |                 |        | EXAMINA                     |        |   |   |                                |                      |          |              |  |
| DATE EXAMINATION MADE MADE BY                    |                 | DAT    | DATE REPORT OF EXAM. WRITTE |        |   | EN WR                                     |                                | WRITTEN BY CHECKED B |          | Y            |  |
| DATE PERMIT FEE REQUESTED                        | JNT DUE         |        |                             | 1      | DATE RECEIVED                             |   |                                |                      |          |              |  |
|  |                 |        | PERMIT                      |        |   |   |                                |                      |          |              |  |
| PERMIT APPROVED BY DATE APPROVED                 |                 |        | F                           | PERMI  | T NO.                                     |   |                                | DATE ISSUED          |          |              |  |
|  |                 |        | BEGINNING OF CO             | ONSTR  | UCTION                                    |   |                                |                      |          |              |  |
| DATE NOTICE SENT                                 |                 |        | DATE FILED                  |        |   | I   | EXTENSION FEE                  |                      |          |              |  |
| EXTENDED TO                                      | ÷               |        | F                           | EXTEN  | DED TO                                    |   |                                |                      |          | <u> </u>     |  |
|  | 1               | WELL D | RILLER'S AND/OR C           | ONSTI  | RUCTION RE                                | EPORT                                     |                                |                      |          |              |  |
| DATE SENT  |                 |        |                             | DATE F |   |   | -                              |                      |          |              |  |
| DATE NOTICE CENT                                 |                 | DATE   | COMPLETION OF C             | ONST   | RUCTION                                   | l r                                       | VTENCIO                        | LEEE                 |          |              |  |
| DATE NOTICE SENT                                 |                 |        | DATE FILED                  |        |   |   | EXTENSION FEE                  |                      |          |              |  |
| EXTENDED TO                                      |                 |        | E                           | EXTEN  | DED TO                                    |   |                                |                      |          |              |  |
|  | 1 1 1 1         | Ti Ti  | PROOF OF APPR               | OPRIA  | TION                                      |   |                                |                      |          |              |  |
| ATE SENT DATE FILEI                              |                 | D      | EXTE                        |        | ISION FEE                                 |   |                                | EXTENDED TO          |          |              |  |
| DATE CERT. FEE REQUESTED AMOUNT D                |                 | UE     | JE DATE RECEIVED            |        | DATE APPROVED F                           |   | OR CERTIFICATE APPROVED BY     |                      |          | BY           |  |
|  |                 |        | CERTIFICA                   | ATION  |   |   |                                |                      |          |              |  |
| PROOF EXAM REQUIRED                              |                 |        | CERTIFICATE NUMBER          |        |   |   | DATE ISSUED                    |                      |          |              |  |

cc: DOE-Walla Walla Field Office